

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WW	108904	8/31/00
O.I.P.E. CLASSIFIER	AC	716098	
FORMALITY REVIEW			10/17
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	11/3/00
2	11/3/00
3	11/3/00
4	11/3/00
5	11/3/00
6	11/3/00
7	11/3/00
8	11/3/00
9	11/3/00
10	N
11	11/3/00
12	11/3/00
13	11/3/00
14	11/3/00
15	11/3/00
16	11/3/00
17	11/3/00
18	11/3/00
19	11/3/00
20	N
21	N
22	N
23	N
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	O
43	O
44	O
45	O
46	O
47	O
48	O
49	O
50	O

Claim	Date
51	6
52	0
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

APPLICANTS

TITLE

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